Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Nancy Herrera, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (213) 974-4444 nherrera@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168 & 99 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: <u>LA Philharmonic Performance</u> Date(s) __01__/ Provide Title/ Explanation If no: Walt Disney Concert Hall Ticket(s)/Pass(es) provided by agency? Yes □ No ☑ Was ticket distribution made at the behest Yes ☐ No ☒ If yes: . Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** 4 Board of Supervisors Ticket Policy Sec 5.3 (k) Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

I have read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth	above, is in accordance
with the requirements.				

	Nancy Herrera	Ticket Administrator	3/17/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: 2 Orchestra Tickets and	2 Terrace	2	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Nancy Herrera, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (213) 974-4444 nherrera@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168 Does the agency have a ticket policy? Yes⊠ No□ Event Description: <u>LA Philharmonic Performance</u> Date(s) __01 26 Provide Title/ Explanation If no: Walt Disney Concert Hall Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? 3. Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ Passes 2 **Board of Supervisors** Ticket Policy Sec 5.3 (k) Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Income Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes**

4. Verification

I have read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth	above, is in a	accordance
with the requirements.					

	Nancy Herrera	Ticket Administrator	3/17/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

A Public Document

1.	Agency Name		Date Stamp	California 802		
	County of Los Angeles					Form OUZ
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)		F		
	Nancy Herrera, Ticket Admi	nistrator	Amendment (Must Provide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail			Amendment (Mast 110	vide Explanation in Part 3.)
	(213) 974-4444	nherrera@bos.l	acounty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	mation				
	Does the agency have a tick	ket policy?	es⊠ No□ F	ace Value of	Each Ticket/Pass \$ <u>⁹⁹</u>	
	Event Description: LA Philh					
	Event Description.	Provide Title/ E	xplanation			
	Ticket(s)/Pass(es) provided	by agency? Ye	es 🗌 No 🛭 🖽	f no: <u>Walt Disr</u>	ney Concert Hall	
	147 - 47 - 47 - 47 - 47 - 47 - 47 - 47 -			F.,,,,,,	Name of Source	
	Was ticket distribution made	e at the behest Ye	es □ No 図 "	f yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients			A definition		
	• Use Section A to identify the agen	cy's department or uni	. • Use Section B to	identify an individ	ual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Depar	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	uant to the agency's policy
	Board of Supervisors		2	Ticket Policy	Sec 5.3 (k)	
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
					onial Role Other Other description of the control o	Income Income
				1.4000000000000000000000000000000000000	nonial Role Other Other or "Other" descri	Income Income
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy
	N					
ŀ.	Verification I have read and understand FP with the requirements.	PC Regulations 189	944.1 and 18942.	l have verified t	hat the distribution set for	th above, is in accordance
		N:	ancy Herrera		Ticket Administrator	3/17/17
	Signature of Agency Head or Design		Print Name		Title	(month, day, year)
	Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

-							
1.	Agency Name					Date Stamp	California 802
	County of Los Angeles						Form OUZ
Division, Department, or Region (if applicable)							For Official Use Only
	Board of Supervisors						
	Designated Agency Contact	E 10 10 10 10 10 10 10 10 10 10 10 10 10			×		
	Nancy Herrera, Ticket Admi					Amendment (Must Pr	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				B	349,000
	(213) 974-4444	nherrera@bo	s.lacou	nty.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy?	Yes 🗵	No 🗆	Face Value of I	Each Ticket/Pass \$ <u>16</u>	8 & 99
	Event Description: LA Philh	armonic Perfo	mance		Date(s)01		1 1
	Event Description.	Provide Tit		tion			
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌	No ⊠	If no: Walt Disr	ney Concert Hall	,
	Man tinket distribution made		=	=	If yes:	Name of Source	
	Was ticket distribution made of agency official?	e at the benest	Yes ∐	No 🗵	n yes	Official's Name (Last, First)	-
	or agency official?						
3.	Recipients						
	• Use Section A to identify the agen	cy's department or	unit. • Us	se Section B to	identify an individ	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Depa	artment or Unit		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
	Board of Supervisors			4	Ticket Policy	Sec 5.3 (k)	
	B. Name of Indi			Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
						onial Role Other Initial of the one of the order of the o	Income In
	Harris Section 18 Company					onial Role Other ing "Ceremonial Role" or "Other" desc	Income Income
	C. Name of Outside O (include address and			Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
				7			
	Verification						
7.07	I have read and understand FP with the requirements.	PC Regulations	18944.1	and 18942.	I have verified to	hat the distribution set for	th above, is in accordance
	,		Nancy	Herrera		Ticket Administrator	3/17/17
	Signature of Agency Head or Design	ee		Name	-	Title	(month, day, year)
	Comment: 2 Orchestra & 2	Terrace Ticket	s				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document**

1.	Agency Name		Date Stamp	Form 802		
	County of Los Angeles			Form OUZ For Official Use Only		
	Division, Department, or Reg	ion (if applicable)		Tor Official Use Offig		
	Board of Supervisors					
	Designated Agency Contact	and a second				
	Nancy Herrera, Ticket Admi		Amendment (Must F	Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail		AT 875		
	(213) 974-4444	nherrera@bos.lac	ounty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	mation			11	60
	Does the agency have a tick			Face Value of	Each Ticket/Pass \$ <u>1</u>	00
	Event Description: LA Philha	armonic Performand	^{се} (Date(s)01	<u>, 31 , 17 </u>	
	Tiplest/s\/Dass/ss\ provided	Provide Title/ Expla		سم. Walt Disr	ney Concert Hall	
	Ticket(s)/Pass(es) provided	by agency? Yes	∐ No⊠ I	r no: Walt Bisi	Name of Source	
	Was ticket distribution made	at the behest Yes		f yes:		
	of agency official?				Official's Name (Last, First)	
3.	Recipients					
-	• Use Section A to identify the agen	cy's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's p		
	Board of Supervisors		4	Ticket Policy	Policy Sec 5.3 (k)	
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
					nonial Role Other Cing "Ceremonial Role" or "Other" de	
					onial Role Other Cing "Ceremonial Role" or "Other" de	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
					200 C S S S S S S S S S S S S S S S S S S	
4	Verification		<u>I</u>			
7.0	I have read and understand FP with the requirements.	PC Regulations 18944	1.1 and 18942.	I have verified t	hat the distribution set fo	orth above, is in accordance
		cy Herrera		Ticket Administrator	3/17/17	
	Signature of Agency Head or Designe		rint Name		Title	(month, day, year)